

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		4/2	2/5/01
FORMALITY REVIEW	MD	579	2/23/01
RESPONSE FORMALITY REVIEW	A	676	04/27/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	0	0	
12	✓	✓	
13	0	0	
14	0	0	
15	0	0	
16	0	0	
17	0	0	
18	0	0	
19	2	2	
20	2	2	
21	✓	✓	
22	✓	✓	
23	✓	✓	
24	✓	✓	
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If more than 150 claims or 10 actions  
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